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# **Appendix O**

## **Data Collection**

### **Sheets and Forms**

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USGPO 11997 427-763

DECONTAMINATION TAG

**THIS TAG IS VOID IF ALTERED, MODIFIED IN ANY WAY, OR ATTACHMENT SEAL IS BROKEN.  
REMOVE TAG AND KEEP FOR YOUR RECORD BEFORE USING ITEM.  
FILL OUT STUB AND SEND TO INSTALLATION/ACTIVITY SAFETY OFFICE  
COMPLETE INSTRUCTIONS FOR THE USE OF THIS FORM ARE LOCATED  
IN EACH DOD COMPONENT REGULATION.**

NAME OF INSTALLATION/ ACTIVITY	SERIAL NO.	REPLACES TAG SERIAL NO.
DEGREE OF DECONTAMINATION <i>(Letter(s) not crossed out indicate degree)</i>  XXXXXXO		DATE DECONTAMINATED (YYMMDD)
DESCRIPTION OF ITEM		
ITEM USED FOR	NAME OF CONTAMINANT	
ITEM SERIAL/MODEL NO.	ITEM TAGGED AT BUILDING/AREA	
REASON FOR DECONTAMINATION <input type="checkbox"/> REPAIR IN PLACE <input type="checkbox"/> TRANSFER TO _____ FOR _____ <input type="checkbox"/> OTHER <i>(explain)</i>		
DECONTAMINATION PROCEDURE USED <input type="checkbox"/> HOT WATER <input type="checkbox"/> FLAME TEMP. _____ <input type="checkbox"/> STEAM <input type="checkbox"/> OVEN HOURS _____ <input type="checkbox"/> SOLVENT TYPE _____		STANDARD OPERATING PROCEDURE NO.
SPECIFIC INSTRUCTIONS/ADDITIONAL INFORMATION		
SIGNATURES		
DECONTAMINATING SUPERVISOR		DATE (YYMMDD)
INSPECTING SAFETY OFFICE REPRESENTATIVE		DATE (YYMMDD)
NAME OF INSTALLATION ACTIVITY		SERIAL NO.
NAME OF PERSON RECEIVING TAG <i>(Last, First MI)</i>		DATE (YYMMDD)
REASON TAG REMOVED <input type="checkbox"/> ITEM BEING USED <input type="checkbox"/> TAG REPLACED BY TAG NO. _____ <input type="checkbox"/> OTHER <i>(explain)</i>		
DD Form 2271 82 NOV		
REPLACE VIA FORM 3803 WHICH MAY BE USED UNTIL SUPPLY IS EXHAUSTED		

Figure O-1. DD Form 2271

# AMMUNITION TRANSFER RECORD, DA FORM 4508, MAY 76.

O-2

[illegible]

## VISIBLE EMISSION OBSERVATION FORM

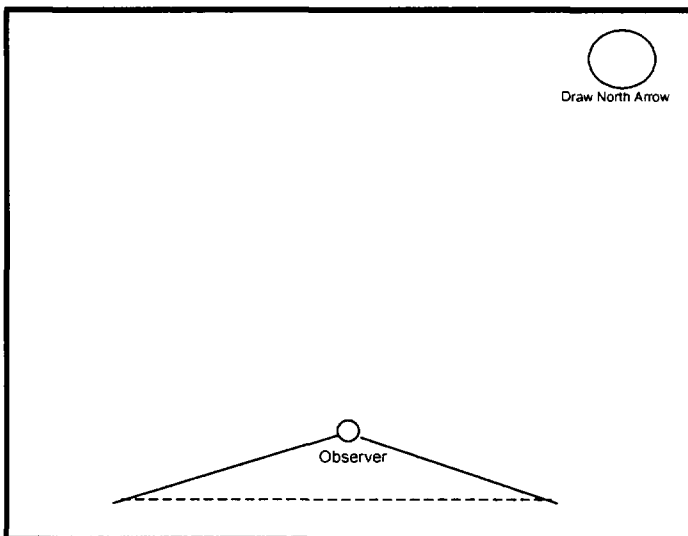
TYPE OF VEO: ( ) NSPS Initial ( X ) Compliance Monitoring ( ) Audit




Source Name: \_\_\_\_\_  
 Source Address: \_\_\_\_\_  
 City/County: Stockton / Tooele \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Control Equipment: \_\_\_\_\_  
 Emission Point: \_\_\_\_\_

Observation Date: \_\_\_\_\_  
 Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_

Height of Discharge Relative to Observer: \_\_\_\_\_  
 Distance From Observer: \_\_\_\_\_  
 Condensed Water Vapor Present? Yes / No \_\_\_\_\_  
 Attached ( ) Detached ( ) N/A \_\_\_\_\_  
 Length of Water Vapor Plume (ft): N/A \_\_\_\_\_  
 Background: \_\_\_\_\_  
 Sky Condition: Clear ( ) Partly Cloudy ( ) Overcast ( ) \_\_\_\_\_  
 Wind Direction: \_\_\_\_\_  
 Wind Speed (mph): \_\_\_\_\_  
 Ambient Temperature (F): \_\_\_\_\_  
 Relative Humidity (%): \_\_\_\_\_

Minutes	Seconds			
	0	15	30	45
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				



Sun   
 Wind   
 Observation Point X  
 Emission Point with Plume 

Observer's Signature: \_\_\_\_\_  
 Affiliation: \_\_\_\_\_  
 Certification Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Figure O-4. Visible Emission Observation Form**

<b>HAZARDOUS WASTE TRACKING RECORD</b> (Proponent is the Director of Plant Operations)	<b>TO BE FILLED OUT BY SCI TECH</b>  Waste Stream Number: _____ Storage Code: _____ Waste Code: _____ Profile Number: _____ Manifest Number: _____																														
<div style="display: flex; justify-content: space-between;"> <div> <b>DRUM TYPE:</b> Metal__ Poly__ Wood Crate__ Other_____  <b>DECON LEVEL:</b> OX__ 3X__ 5X__ 1X/3X__         </div> <div> <b>DRUM SIZE:</b> _____          AMSSB Form 2350 (if available) Sample No. _____         </div> </div>																															
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%; text-align: left;">STORAGE AREA</th> <th style="width: 33%; text-align: left;">DATE RECEIVED</th> <th style="width: 33%; text-align: left;">OPERATOR SIGNATURE</th> </tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </table>	STORAGE AREA	DATE RECEIVED	OPERATOR SIGNATURE	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____																
STORAGE AREA	DATE RECEIVED	OPERATOR SIGNATURE																													
_____	_____	_____																													
_____	_____	_____																													
_____	_____	_____																													
_____	_____	_____																													
TREATMENT AREA: _____																															
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">TREATMENT DATE</th> <th style="width: 15%;">TIME IN</th> <th style="width: 15%;">TIME OUT</th> <th style="width: 15%;">WEIGHT IN</th> <th style="width: 35%;">SIGNATURE</th> </tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table>		TREATMENT DATE	TIME IN	TIME OUT	WEIGHT IN	SIGNATURE	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
TREATMENT DATE	TIME IN	TIME OUT	WEIGHT IN	SIGNATURE																											
_____	_____	_____	_____	_____																											
_____	_____	_____	_____	_____																											
_____	_____	_____	_____	_____																											
_____	_____	_____	_____	_____																											
_____	_____	_____	_____	_____																											
TOTAL WEIGHT IN- _____ ASH DRUM TRACKING NUM: _____ SCRAP METAL TRACKING NUM: _____ LOT NUMBER: _____																															
REMARKS: _____ _____ _____ _____ _____ _____ _____																															
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>AMSSB Form 6014-R-E, 01 Jul 02, REV, 02 Dec 02, Replaces SCDTE Form 6014, 21 Jul 97, which is obsolete</span> <span>(SEE REVERSE)</span> </div>																															

**Figure O-5. AMSSB Form 6014, Hazardous Waste Tracking Record**

OPERATOR MUST FILL OUT THIS SECTION EACH TIME WASTE IS ADDED TO CONTAINER

[illegible]

replaces SCDTE Form 21 Jul 97 which is obsolete

(REVERSE)

**Figure O-6. AMSSB Form 6014 Hazardous Waste Tracking Record (Reverse)**

<b>WARNING! IF YOU ARE STARTING A NEW FORM, BE SURE TO CLICK THE "NEW FORM" TAG.</b> RECOMMENDED CHANGES TO LOCAL DOCUMENTS (OTHER THAN SOPs)				ID: [Redacted] (Proponent is Project Management Office) Prescribing Directive is CAMDS Standard 34-20		<b>Note:</b> <i>This form will not be processed by the Documentation Team without Documentation Team Leader Initials.</i>		DOCUMENTATION TEAM LEADER INITIALS/DATE	
TO: <b>DOCUMENTATION TEAM LEADER</b>				REQUESTER: (Division/Branch) Michael Burdette				DATE 20 January 2004	
PUBLICATION/FORM NUMBER Test Plan 05-73				DATE 20 January 2004		TITLE Miscellaneous Waste Trial Burn			
ITEM	PAGE	PARA	LINE	FIG NO	TABLE	RECOMMENDED CHANGES			REASON
1	H-11	(g) 5				Add parenthetical, "(with the option of changing out the main filters upon inspection)"			Main filters as well as pre-filter may be changed.
2	H-19	(e)				Change to: "If the Flame Detector or Flame Rod does not detect a flame..."			Flame Rods may also be used for detection  CONCURRENCE:  JOE M. STILINOVICH, Chief of Project Management  STEVEN C. MALLIN, Act. Director, Plant Operations  WALTON W. LEVI, Director of Risk Management  APPROVED  PETER C. COOPER COL, CM, Deseret Chemical Depot
SUBMITTED BY: (TYPED NAME) Michael Burdette						TELEPHONE x4861		SIGNATURE  	
APPROVAL DIRECTORATE (TYPED NAME) Engineering Director Rodney D. Nybo						TELEPHONE x4059		SIGNATURE  	
MSCM-OPDC Form 1012-R-E, 09 May 02, REV, 24 Apr 03									
Page 1 of 1									

**Figure O-7. AMSSB Form 1012 (Sample)**



[illegible]

COMMENTS: \_\_\_\_\_

**Figure O-8. AMSSB Form 6010-R-E**